

Food Stamps - Supplemental Nutrition Assistance Program Verification

Student's First and Last Name

Date of birth

Morrisville ID#

During 2015 did any member of the household receive Food Stamps -Supplemental Nutrition Assistance Program (SNAP) benefits? _____Yes _____No

If Yes:

Name(s) of the household member(s) who received these benefits:

Each person signing this worksheet certifies that all of the information reported is accurate.

Student Date Parent Date

Morrisville State College Financial Aid Office P.O. Box 901 * Morrisville, NY 13408 * (Ph) 315-684-6289 * (fax) 315-684-6628